OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix			First Name: Ri	ichard				Middle Name:		
	Last N	ame:	Whitman						Suffix:		
Title:	Direc	tor									
Complete Address:											
Street1: 700 NE Multnomah Street]			
Street2: Suite			600]			
City:	P	Portland				State:	OR: Oregon				
Zip / F	Postal C	Code: 97232			Country:	USA: UNITED STATES					
Phone Number:		<u>r:</u>	503-229-5300				Fax Number:				
E-mail Address:		<u>s:</u>	Whitman.Richard@deq.state.or.us								
Payee: Individual authorized to accept payments.											
Name:	Prefix	:		First Name: Et	hel				Middle Name:		
	Last N	ame:	Gallares						Suffix:		1
Title:	Acco	untin	g Manager								_
Complete Address:											
Street	:1: 7	00 NE	Multnomah	Street]			
Street	t 2 : s	uite	600]			
City:	P	ortla	nd			State:	OR: Oregon	-			
Zip / F	Postal C	ode:	97232			Country: USA: UNITED ST			3		
Phone Number:			503-229-6014				Fax Number:				
E-mail A	Addres	<u>s:</u>	Gallares.Et	thel@deq.state	.or.us						
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).											
Name:	Prefix	:		First Name: Me	elinda				Middle Name:		
	Last N	ame:	Mahoney						Suffix:		
Title:	Title: Air Quality Budget Analyst										
Complete Address:											
Street1: 700 NE Multnomah Street											
Street	Street2: Suite 600]				
City:		ortland				State: OR: Oregon					
Zip / Postal Code:		ode:	97232		Country:	Country: USA: UNITED STA		3			
Phone Number:		<u>r:</u>	503-229-5397				Fax Numl	oer:			
E-mail Address:		<u>s:</u>	Mahoney.Melinda@deq.state.or.us								

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix:	First Name: D	Middle Name:							
	Last Name	Wu	Suffix:							
Title:	Air Qual:	ity Senior Planner								
Complete Address:										
Street1: 700		E Multnomah Street								
Street2: Suite		: 600								
City:	Portl	and	State: OR: Oregon							
Zip / Postal Code:		97232	Country: USA: UNITED STATES							
Phone Number:		503-229-5269	Fax Number:							
E-mail A	Address:	Wu.D@deq.state.or.us								